



## Georgia Department of Revenue Motor Vehicle Division

### 2006 Motor Vehicle Dealer, Distributor, Manufacturer & Transporter Tag Application

Permanent Twelve-Digit (12) Customer ID Number	Current Master Tag Number															
Company's publicly listed phone number (No cell phone numbers)	State of Georgia Tax ID Number (Attach copy)															
State of Georgia Business License Number, Occupational License Number (Attach copy)	State of Georgia Used Motor Vehicle Dealers Number, Used Motor Vehicle Parts Dealer Number (Attach copy)															
Give makes of motor vehicles, tractors, trailers or motorcycles sold, manufactured or leased.	State of Georgia Fire Marshal Number (Attach copy)															
In accordance with Georgia Law §40-2-38, I am applying for distinguishing tags for motor vehicles manufactured, distributed, sold, transported or leased by the company, business, firm, corporation or LLC referenced in this application.																
Full, Legal Name of Company, Business, Firm, Corporation, LLC	D/B/A Company, Business, Firm, Corporation, LLC Name under which you do business if not the same as the full, legal name															
<table style="width: 100%; border: none;"> <tr> <td style="width: 35%;">Established Place of Business Street Address</td> <td style="width: 30%;">City</td> <td style="width: 20%;">Zip Code</td> <td style="width: 15%;">County</td> </tr> <tr> <td colspan="4" style="text-align: center;"><b>Georgia</b></td> </tr> </table>		Established Place of Business Street Address	City	Zip Code	County	<b>Georgia</b>										
Established Place of Business Street Address	City	Zip Code	County													
<b>Georgia</b>																
<table style="width: 100%; border: none;"> <tr> <td style="width: 35%;">Mailing Address (if different from street address)</td> <td style="width: 30%;">City</td> <td style="width: 20%;">Zip Code</td> <td style="width: 15%;">County</td> </tr> <tr> <td colspan="4" style="text-align: center;"><b>Georgia</b></td> </tr> </table>		Mailing Address (if different from street address)	City	Zip Code	County	<b>Georgia</b>										
Mailing Address (if different from street address)	City	Zip Code	County													
<b>Georgia</b>																
<p>Click on the applicable button below indicating the category of tag requested. Submit a separate MV-6 application for <u>each</u> category or business location.</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <span>Dealer</span> <span>Distributor</span> <span>Manufacturer</span> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <span>Motorcycle Dealer</span> <span>Motorcycle Distributor</span> <span>Motorcycle Manufacturer</span> </div> <p>Transporter- person only engaged in the business of transporting mobile homes and house trailers. See instructions for requirements.</p>																
If application is for dealer tags, click only <u>one</u> button below:  <div style="display: flex; justify-content: space-between;"> <span>Franchise Dealer</span> <span>Independent Dealer</span> </div>	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Master Tag*</td> <td style="width: 20%;">1@</td> <td style="width: 20%;">\$62.00</td> </tr> <tr> <td>Number of additional tags*</td> <td>_____ @ \$12.00</td> <td>\$_____</td> </tr> <tr> <td>Franchise Fee*</td> <td></td> <td>\$25.00</td> </tr> <tr> <td>Mailing Fee*</td> <td>_____ # of tags</td> <td>\$_____</td> </tr> <tr> <td colspan="2"></td> <td style="text-align: right;">TOTAL DUE \$_____</td> </tr> </table> <p><small>*See instructions for requirements. Pay all fees with a check or money order payable to the Department of Revenue. Please do <u>not</u> remit cash by mail.</small></p>	Master Tag*	1@	\$62.00	Number of additional tags*	_____ @ \$12.00	\$_____	Franchise Fee*		\$25.00	Mailing Fee*	_____ # of tags	\$_____			TOTAL DUE \$_____
Master Tag*	1@	\$62.00														
Number of additional tags*	_____ @ \$12.00	\$_____														
Franchise Fee*		\$25.00														
Mailing Fee*	_____ # of tags	\$_____														
		TOTAL DUE \$_____														
By placement of my signature hereon, I do solemnly swear, affirm or certify under criminal penalty of a felony for fraudulent use of a false or fictitious name or address or making a material false statement punishable by a fine of up to \$5,000 or by imprisonment of up to five (5) years, or both, that statements contained on documents submitted by me are true and accurate. I also swear, affirm or certify that I am the authorized agent to sign for the company listed above, and comply with all state laws, rules and regulations pertaining to these tags.																
The person authorized to complete this application must print their name, sign their name and enter their position or job title and the date. Attach copy of authorized persons' Georgia driver's license or Georgia ID card.																
<b>Printed Name of Person Authorized to Complete MV-6, MV-6A &amp; MV-6B Forms</b>	<b>Signature &amp; Position or Job Title of Person Authorized to Complete MV-6, MV-6A &amp; MV-6B Forms</b>															
<b>Date</b>																
<b>Mailing Address</b> ATTN: Special Tags DOR/Motor Vehicle Division PO Box 740381 Atlanta, Georgia 30374-0381	<b>Drop-off Box (Business Hours)</b> White Mailbox Inside Lobby 1200 Tradeport Boulevard Hapeville, Georgia 30354															
<b>Drop-off Box (After Hours)</b> Metal Box Right of the Main Entrance 1200 Tradeport Boulevard Hapeville, Georgia 30354																
If you need additional information, please call (404) 675-4947 or (404) 362-6500. You can electronically complete and print motor vehicle tag & title forms from our website, <a href="http://www.dor.ga.gov">www.dor.ga.gov</a> .																

**Please read all instructions before completing and submitting fees.**



## Authorize/Add/Delete Agents 2006 Motor Vehicle Dealer, Distributor, Manufacturer, & Transporter Tags

Permanent Twelve-Digit (12) Customer ID Number	Current Master Tag Number	Company's publicly listed phone number (No cell phone numbers)	
Full, Legal Name of Company, Business, Firm, Corporation, LLC		D/B/A Company, Business, Firm, Corporation, LLC Name under which you do business if not the same as the full, legal name	
Established Place of Business Street Address	City	Zip Code	County
<b>Georgia</b>			
Mailing Address (if different from street address)	City	Zip Code	County
<b>Georgia</b>			
In accordance with Georgia law §40-2-38, I am authorizing, adding or deleting agents/representatives for the distinguishing tags issued for motor vehicles the company, business, firm, corporation or LLC referenced in this application manufactures, distributes, sells, transports or leases.			
<b>AUTHORIZE/ADD Agents</b>			
Record authorized agents' full, legal names as shown on their valid Georgia driver's licenses or Georgia ID cards (attach copy) & their positions or job titles with the company, business, firm, corporation or LLC. Each authorized agent must sign & date this form. Complete an additional MV-6A if necessary.			
Authorized Agent's Printed Name	Authorized Agent's Signature	Authorized Agent's Position or Job Title	Date
<b>DELETE Agents</b>			
Record agents/representatives no longer authorized to act as an agent or representative of the company, business, firm, LLC. Complete an additional MV-6A if necessary.			
Printed Name of Agent	Authorized Agent's Position or Job Title		Date Deleted
Printed Name of Person Authorized to Complete MV-6, MV-6A & MV-6B Forms	Signature & Position or Job Title of Person Authorized to Complete MV-6, MV-6A & MV-6B Forms		Date
By signing this form to authorize, add or delete agents of the company, business, firm, LLC recorded above, I swear, affirm or certify under criminal penalty of a felony for fraudulent use of a false or fictitious name or address or making a material false statement punishable by a fine of up to \$5,000 or by imprisonment of up to five (5) years, or both, that statements contained on documents submitted by me or authorized agents/representatives are true and accurate. I also swear, affirm or certify that I am the authorized agent of the business listed above and comply with all state laws, rules and regulations pertaining to these tags.			
<b>Mailing Address</b> ATTN: Special Tags DOR/Motor Vehicle Division PO Box 740381 Atlanta, Georgia 30374-0381	<b>Drop-off Box (Business Hours)</b> White Mailbox Inside Lobby 1200 Tradeport Boulevard Hapeville, Georgia 30354	<b>Drop-off Box (After Hours)</b> Metal Box Right of the Main Entrance 1200 Tradeport Boulevard Hapeville, Georgia 30354	
If you need additional information, please call (404) 675-4947 or (404) 362-6500. You can electronically complete and print motor vehicle tag & title forms from our website, <a href="http://www.dor.ga.gov">www.dor.ga.gov</a> .			

Please read all instructions before completing and submitting fees.



## 2006 Motor Vehicle Franchise Dealer & Independent Dealer Application for Additional Tags

**Requirements Checklist:**

- Photographs of the dealership's sales room or office, lot & sign
- Proof of company's publicly listed Georgia phone #, e.g. phone bill dated within last thirty days (No cell phone numbers)
- Photocopy of proof of State of Georgia Tax ID Number and/or Georgia Sales Tax Certificate
- Photocopy of Used Motor Vehicle Dealer's license or Used Motor Vehicle Parts license (Independent dealers only)
- Photocopy of authorized agents' Georgia drivers' licenses or Georgia ID cards
- One (1) check or money order for the total fees due payable to the Department of Revenue

Permanent Twelve-Digit (12) Customer ID Number	Current Master Tag Number
Company's publicly listed phone (No cell phone numbers)	State of Georgia Tax ID Number
Full, Legal Name of Company, Business, Firm, Corporation, LLC	D/B/A Company, Business, Firm, Corporation, LLC Name under which you do business if not the same as the full, legal name

Established Place of Business Street Address	City	Zip Code	County
<b>Georgia</b>			

Mailing Address (if different from street address)	City	Zip Code	County
<b>Georgia</b>			

If application is for dealer tags, click only <u>one</u> button below:  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           Franchise Dealer (new vehicles)             Independent Dealer (used vehicles)         </div>	Number of additional tags* _____ @ \$12.00      \$ _____  Mailing Fee* _____ # of tags      \$ _____  <div style="text-align: right;">TOTAL DUE \$ _____</div> <p><i>*See instructions for requirements. Pay all fees with a check or money order payable to the Department of Revenue. Please do <u>not</u> remit cash by mail.</i></p>
--	--

I, \_\_\_\_\_, am applying for \_\_\_\_\_ additional dealer tags.  
 (Authorized Agent's Printed Name & Position or Job Title)

To be eligible to receive more than two (2) additional dealer tags, I am certifying the number of retail sales the dealership named in this application made during the last calendar year based on the dealership's sales records. If the dealership named in this application was not in business for the last calendar year, I am declaring an estimated number of retail sales the dealership should make during 2006. I understand that for each additional tag the dealership applies other than the two (2) additional tags allowed by law, the Department of Revenue will only approve based on limits provided for in Georgia law.

Complete only one (1) of the following statements with the required information.

1. According to our sales records for the last calendar year, I certify that the total number of retail vehicle sales made by the dealership named in this application was \_\_\_\_\_.
2. The dealership named in this application was not in business the last calendar year. I declare the estimated number of retail vehicle sales for 2006 should be \_\_\_\_\_ based on my current vehicle inventory that I have included with this application. Vehicle inventory includes vehicle identification numbers, vehicle years, vehicle makes and vehicle models.

I further swear, affirm or certify that I understand the authorized uses of these tags as required by this state's law, rules and regulations. I understand that I must promptly file a police report when a tag is lost or stolen and submit a copy of such police report to the Motor Vehicle Division with an application for a replacement tag.

Printed Name of Person Authorized to Complete MV-6, MV-6A & MV-6B Forms	Signature & Position or Job Title of Person Authorized to Complete MV-6, MV-6A & MV-6B Forms	Date
---	--	------

<b>Mailing Address</b> ATTN: Special Tags DOR/Motor Vehicle Division PO Box 740381 Atlanta, Georgia 30374-0381	<b>Drop-off Box (Business Hours)</b> White Mailbox Inside Lobby 1200 Tradeport Boulevard Hapeville, Georgia 30354	<b>Drop-off Box (After Hours)</b> Metal Box Right of the Main Entrance 1200 Tradeport Boulevard Hapeville, Georgia 30354
--	---	--

If you need additional information, please call (404) 675-4947 or (404) 362-6500. You can electronically complete and print motor vehicle tag & title forms from our website, [www.dor.ga.gov](http://www.dor.ga.gov).

**Please read all instructions before completing and submitting fees.**